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CONFIRMATION NO. 3033

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/081,400	<b>FILING OR 371(c) DATE</b> 02/20/2002 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 10275-041002	
<b>APPLICANTS</b> Harry Meade, Newton, MA; Michael Young, Weston, MA; Ian Krane, Westborough, MA;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/333,213 06/15/1999 PAT 6,548,653 which claims benefit of 60/089,343 06/15/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/22/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23628					
<b>TITLE</b> ERYTHROPOIETIN ANALOG-HUMAN SERUM ALBUMIN FUSION					
<b>FILING FEE RECEIVED</b> 802	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		